

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25148

State File No. ....

6344

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>1 WK</u>		c. CITY OR TOWN <u>MAPLEWOOD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>7543 COMFORT AVE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u>		b. (Middle) <u>B</u>		c. (Last) <u>MILES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-5-56</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 7-1878</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph-Bower</u>		13b. MOTHER'S MAIDEN NAME <u>ROSEANN-PARKS</u>		14. NAME OF HUSBAND OR WIFE <u>STEPHEN-MILES</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JEN-STUTZ-7543 COMFORT</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>2 hrs.</u>		
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>33/4</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>2-6-48</u> , 19 <u>48</u> , to <u>7-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-5</u> , 19 <u>56</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Herbert A. Steinbach M.D.</u>				23b. ADDRESS <u>7200 Manchester</u>		23c. DATE SIGNED <u>7-6-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK-HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MO</u>		
DATE REC'D BY-LOCAL <u>JUL 6-1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY-B. SMITH MAPLEWOOD 17 MO</u>				

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *J. P. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**

**If embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**